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APPLICANTS

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** CONTINUING DATA *****

16 Nov

** FOREIGN APPLICATIONS *****

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/20/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance
Verified and Acknowledged	<i>K. M. M.</i> Examiner's Signature <i>16</i> Initials
STATE OR COUNTRY	MA
SHEETS	5
TOTAL CLAIMS	42
INDEPENDENT CLAIMS	2

ADDRESS

26161

TITLE

Embolization

FILING FEE RECEIVED 1166	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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